



16310 U.S. PTO

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22390 U.S. PTO  
10/731964  
121003

PATENT

Attorney Docket No.: AXM-6667

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

#### NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s):

Edward C. Benzel, Isador H. Lieberman, Lee Strnad, James M. Kuras, Raymond S. Ross, Charles F. Birchall, Jr.,  
Keith Duke, Karl Zimmers

For (title): METHOD AND APPARATUS FOR REPLACING A DAMAGED SPINAL DISC

#### Enclosed are:

##### 1. Papers Required for Filing Date Under 37 CFR 1.53(b):

- 29 Pages of specification
- 01 Pages of Abstract
- 12 Pages of claims
- 10 Sheets of drawing
  - ☒ formal
  - ☐ informal

In addition to the above papers there is also attached: Information Disclosure Statement, Form PTO-1449 and the art cited therein.

#### CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date December 10, 2003 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number ET756156453US addressed to the : Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Lisa L. Pringle

(Type or print name of person mailing paper)

(Signature of person mailing paper)

2. Declaration or oath:

- ☒ Enclosed      ☒ Executed      ☐ Not executed  
☐ Will follow.

3. Language:

- ☒ English  
☐ Non-English  
☐ A verified English translation of the  
    ☐ specification and claims  
    ☐ declaration  
is attached.

4. Assignment:

- ☒ An assignment of the invention to Axiomed Spine Corporation  
☒ is attached.  
☐ will follow.

5. Certified Copy:

Certified copy(ies) of application(s)

(Country)	(appln. no.)	(filed)
(Country)	(appln. no.)	(filed)
(Country)	(appln. no.)	(filed)

from which priority is claimed

- ☐ is attached  
☐ will follow

**6. Fee Calculation:**  
**(Small Entity filing fee is 50% normal fee)**

CLAIMS AS FILED			
Number Filed	Number Extra	Rate	Basic Fee \$770.00 (\$385.00)
Total Claims	44 - 20 = 24	X \$18.00 (\$9.00)	\$216.00
Independent Claims	1 - 3 = 0	X \$86.00 (\$43.00)	0
Multiple dependent claim(s), if any	+ 0		0

- ☐ Amendment canceling extra claims enclosed  
☐ Amendment deleting multiple dependencies enclosed  
☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation \$601.00

**7. Small Entity Statement:**

- ☒ Verified Statement that this is a filing by a **small entity** under 37 CFR 1.9 and 1.27

**8. Fee Payment Being Made At This Time:**

- ☒ basic filing fee \$601.00  
☒ assignment recordal fees \$ 80.00  
☐ for processing an application with a specification in non-English language \$ \_\_\_\_\_

Total fees enclosed \$681.00

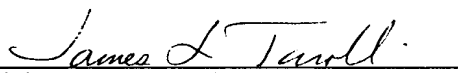
**9. Method of Payment of Fees:**

- ☒ check in the amount of \$641.00 enclosed.  
☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

**10. Instruction As to Overpayment:**

- ☒ refund

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